The Medical Times and Register.

VOL. XXXVIII No. 10. PHILADELPHIA AND BOSTON, OCTOBER, 1900. WHOLE No. 998

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ORIGINAL

PUERPERAL ECLAMPSIA.

BY B. F. POSEY, M.D., BROGUEVILLE, PA

There is nothing more alarming to the physician and friends of a parturient woman than an attack of puerperal convulsions. The suddenness and violence of the attack, that, too often where the patient is apparently doing well, excites the gravest apprehensions, and the physician, realizing the great responsibility resting upon him, and the reliance that is placed in his intelligence and skill to bring his patient safely through what is at best a terrible ordeal, may see her life go out at any moment, regardless of all he may do to avert such a sad termination. In an emergency like this he is called on to act, and act at once. It is, therefore, indispensably necessary that he have at his command every means possible that will tend to conduct her safely through the danger that threatens her. Although an affection of comparative infrequent occurrence, it is stated in the *American Journal of Obstetrics* that 480 deaths were reported to the Board of Health of New York City during the nine years from 1890 to 1899, inclusive, or in the proportion of one victim of puerperal eclampsia to every eight deaths of pregnant women from all causes.

Quain, in his Dictionary of Medicine, places the mortality at one death in every three cases. In the transactions of the German Gynecological Society is to be found a paper, written by the writer, entitled, "Remarks on the Prognosis of Puerperal Eclampsia." in which it is stated that the mortality is still very high. I base my remarks on 126 cases of the Baltimore clinics,

with a mortality of 32 per cent., and the reports from other large clinics yield no better results. I will now give an account of my fifth case and that of other physicians seen in consultation in private practice.

Case V.—Mrs. B., primipara, aged 20 years. Compactly built, plethoric woman, fell in labor January 14, 1900. After labor had progressed for a time, the pains gradually growing stronger, she suddenly exclaimed, "Doctor, I feel so strange, my head hurts me, I am dizzy, and there are spots before my eyes; I cannot see well; something terrible is going to happen." I took in the situation at once, tied up her arm as quickly as possible, and took 20 ounces of blood, and while the blood was still flowing she remarked, "I feel so much better, so much better," repeating it several times.

My patient was on the verge of a convulsion; something had to be done, and that speedily. In an emergency like this I felt that venesection was the only thing that would meet the exigencies of the case. In this I was not disappointed; the convulsion was averted, and, peradventure, the life of a most estimable lady saved.

Out of the five cases that I have reported blood-letting was resorted to in *every case*, and out of the whole number there was not a single death. I am well aware that patients often, yes, very often, die of puerperal eclampsia in the hands of the most skillful physicians, despite all remedies, but I am constrained to believe that if blood-letting was oftener resorted to, the mortality in puerperal convulsions would be greatly diminished. It is true that venesection has by the profession generally been relegated to the past, and it is further true that there was a time when it was greatly abused. I will even go further, and state that the abuse and ill-timed use of it has done a great deal of harm; but if judiciously used, in well selected cases, it would, I believe, greatly decrease the mortality in many of the diseases with which we have to contend. I am not unmindful of the fact that the physician who advocates or practices venesection at the present day is branded by many as being bloodthirsty. This matters not to me. When I have been taught and time and again tested a remedy at the bedside, and rarely been disappointed in it, I do not propose to abandon it and take up some old women's remedy. The fact is, we are cowards and lack the moral courage to use the knife in cases when we think it would be beneficial, for fear some old woman in the community or some unprincipled doctor should say, in the event of the death of the patient, that the doctor occasioned the death by bleeding. I think it would be better for the profession if we all would recognize *the fact* that it is better to have patients to die under scientific treatment than to recover under imperical treatment. Therefore use tonics if needed for your dignity, and thereby accept no dictating by the laity.

THE DISEASES OF THE BLOOD IN THEIR RELATION TO SURGERY AND THEIR TREATMENT.

BY GEORGE G. VAN SCHAICK, M. D.,
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As surgeons we have to consider altered conditions of the blood from a twofold standpoint. We see them either as disturbances affecting the general health of our patients, and bearing a more or less complicated character, or as a direct result of actual hemorrhage due to pathological, accidental or operative processes. In other words, we deal with anæmias due to imperfect or insufficient formation of the elements constituting the blood, and with anæmias due to prolonged or sudden copious bleeding. The study of these conditions, from the surgical point of view, is extremely interesting, by reason both of their great frequency and of the fact that most of them are so distinctly relieved by appropriate treatment. As a matter of fact, we are better informed as to the therapeutics of anæmic troubles than in regard to the pathological states which give rise to them, and our knowledge of their ætiology is limited to the simple understanding that the blood, not being an independent tissue, can be modified only by changes affecting primarily other elements of the animal economy, except in the case of the direct introduction of toxic substances within the blood current.

The histological and chemical changes to which the blood is subject have in the last few years been studied so persistently and accurately that the diagnosis of blood diseases is as subservient to laboratory investigation as that of certain infectious diseases is to bacteriological research. But while paying the strictest attention to blood count, to the estimation of hæmoglobin, and to the microscopical appearance of the globules, we must acknowledge that even these means of investigation sometimes prove somewhat insufficient, and that we occasionally are unwillingly compelled to remain in the dark. We know, for instance, that among cases of so-called pseudo-anæmia some of the patients have what we might call a natural normal pallor, which is sometimes very pronounced, although the examination of the blood reveals the fact that, so far as we can find out, nothing is amiss with it. In these cases the administration of chalybeates may be followed by no changes whatever in the blood count or the percentage of hæmoglobin, and by no modification of the pallid appearance. Again, in other instances, while the blood seems normal, iron certainly diminishes the outward anæmic appearance, without changing the composition of the blood in any appreciable manner. And these patients, while possessing what to us appears to be normal blood, often present many of the symptoms of distinct anæmia. A possible source of error lies in the fact that the blood count may be greatly changed at decidedly short intervals by a greater or lesser dilution of the blood, due to rapid increase or decrease in the amount of body fluids: but we can nearly always make due allowance for such a state of affairs. The class of patients in which the diminution of hæmoglobin is proportionately greater or smaller than that of the corpuscles furnishes some rather obscure cases. In general, however, careful examination gives us very certain and very useful data.

The forms of anæmia which appear to be due to the immediate effects of infectious conditions are also of the greatest interest to us as surgeons. In these forms we know that there often occurs a true anæmia, but we are also aware that this is complicated by the addition, within the blood mass, of toxic products, which commonly increase to no small extent the globulicidal action of the serum.

In our investigation of the blood for diagnostic and therapeutic purposes we may deem it sufficient to obtain an accurate blood count, to estimate the percentage of hæmoglobin, to count the leucocytes when they appear to be in unusual numbers, and to pay some attention to the appearance of the red globules. In the latter case we notice whether there is a tendency to microcytosis, which is apt to indicate an effort at blood regeneration, such as occurs after copious hemorrhages, or whether the globules are enlarged (macrocytosis), as in some severe forms of anæmia. The presence of poikilocytosis (irregular formation of red corpuscles) is also noted as giving evidence of decided degeneration, such as occurs in advanced forms of anæmia.

Simple Anæmia.—This condition is one that very frequently complicates the march of surgical diseases. It is not commonly attended by an actual insufficiency in the volume of the blood, but by a diminution in the number of red blood cells and the amount of hæmoglobin. It commonly appears to be due to insufficient or improper nutrition and to unhealthy surroundings. When it exists to a very marked extent it must be considered as a distinct contra-indication to any extensive surgical procedure, except in the presence of emergencies. Mikulicz insists upon the fact that operations must not be performed if the percentage of hæmoglobin is below thirty. In practice we are often able, by appropriate treatment, to improve the composition of the blood before an operation to such an extent as to render our procedures entirely safe. It is important to note the fact that many stout men, of the so-called plethoric type, are in reality distinctly anæmic. Many of these are found among beer drinkers who, by excessive action of the kidneys and of the skin, combined with hard manual labor, unduly tax their hearts, while their digestion is impaired.

Symptomatic Anæmia.—In the former group we more or less arbitrarily include those cases in which the ordinary form of anæmia is, at least from the clinical standpoint, the primary pathological condition. In symptomatic anæmia, on the other hand, we see a condition which seems to be derived secondarily through the agency of some distinct antecedent disease. We find it complicating all manner of disturbances of the gastro-intestinal tract, of the circulatory and excretory apparatus, and following the exhausting fevers, or any of the diseases, which distinctly affect nutrition. From the surgical standpoint it is of less importance than the simple form, since the causative conditions are usually easily recognized, and we must judge of the advisability of surgical interference according to the nature of the primary disease. The mere presence of anæmia, therefore, suggests the possibility of other trouble, and emphasizes the ever-present need of examining all our patients at least as searchingly as do life insurance examiners before undertaking an important operation.

Chlorosis.—As this is a disease that

affects nearly though not quite exclusively girls at the period of puberty, surgeons do not very often see it as complicating gynecological cases. Its existence in a certain number of instances of menstrual disturbances for which operative interference has frequently, but seldom very wisely, been advocated gives it some interest from the practical surgical standpoint. Its fairly frequent association with hysterical manifestation should lead the surgeon to investigate in what manner, if any, the latter is a factor in producing or exaggerating the symptoms complained of. Chlorosis, like other forms of anæmia is, when at all severe, a contra-indication to the performance of surgical operations. In this disease the frequent lack of development of the cardio-vascular system must militate against the processes of repair, and the tendency to thrombosis sometimes shown in chlorosis might also cause us some hesitancy, as would also the liability to hemorrhage presented by some chlorotic girls.

Malignant Anæmias. — Progressive pernicious anæmia and leucæmia are of no practical interest from the purely surgical standpoint inasmuch as no surgical interference would ever be thought of in any case in which the presence of either of these diseases is a complicating element. Hodgkin's disease, however, merits some consideration on our part, if only for the reason that the diagnosis between it and some other processes characterized by glandular enlargements is still often a matter of some difficulty, to say the least. In the first place, many more or less atypical forms arise, and the impression is somewhat prevalent that many varieties of glandular enlargement and multiplication have at various times been included in its description. In practice we are at times compelled to establish a differential diagnosis between pseudo-leucæmia and syphilitic, tuberculous and ordinary inflammatory affections of the glands, besides the presence of the ordinary local malignant processes. If all these conditions can be eliminated, a problem not always easily solved, surgical interest still remains in the fact that in the presence of some form of Hodgkin's disease operative treatment at an early date may prove of some benefit. The following case may prove of interest in connection with this subject:

B. N., aged twenty-nine, was admitted to the French Hospital in November, 1894. He presented an enormous glandular enlargement involving the left side of his neck and extending from the mastoid process down to and beyond the clavicle. The axillary glands did not appear to be involved. The man denied syphilis, presented none of the cutaneous or other symptoms of this disease, and had been for some weeks taking antisyphilitic treatment without benefit. He had never presented any signs of malaria, was not rhachitic, and had never had any strumous enlargements as a child. There was moderate enlargement of the spleen. His general appearance was distinctly anæmic. No blood count was made, and under the microscope there seemed to be no distinct leucocytosis. The temperature, while the patient was under observation, varied at irregular intervals from normal to 100° F.

The man insisted upon an operation, as he complained that his appearance prevented his getting any work. He was most willing to submit to what was told him would be a mere chance of permanent relief. The operation

was done on November 18th, and was so extensive that the patient remained under ether for four hours and a half. The glands removed more than filled a pint measure. They were not soft, nor did any of them present any evidence of tuberculosis degeneration. Union took place by first intention, and the patient was discharged three weeks after the operation. He was then lost sight of, but returned in December, 1895, presenting a glandular enlargement about the middle of the posterior edge of the sterno-mastoid on the left side. Seven glands were removed the day after. This patient was seen in February of the present year, and has had no recurrence of the trouble.

This case was not studied from the standpoint of blood examination with the care that would have been taken at the present day, and the exact diagnosis must remain uncertain. Yet it shows that occasionally we meet with doubtful cases in which a thorough operation offers chances of recovery. Surgical treatment, will, of course, remain limited to the cases in which the glandular enlargement is local and offers a good prospect of complete removal.

Leucocytosis as a Symptom of Pus Formation.—Pus formation is practically always attended by a distinct increase in the number of leucocytes to be found in the blood. If these are counted immediately before the first meal, in order to eliminate the digestive leucocytosis that invariably accompanies the process of digestion, we shall obtain a reliable method of diagnosis in cases in which the presence of pus is suspected but not certain. A recent article by H. Stuart Maclean, in the *Medical News*, constitutes a valuable contribution to this subject, as showing the distinct advantage of a routine use of blood count in doubtful cases of purulent collections. It is of the utmost utility in the diagnosis of deep-seated visceral abscess, of appendicitis attended with pus formation, of pyosalpinx as distinguished from other ovarian and tubal troubles, and of osteomyelitis. In cold or tuberculous abscess there is no increased leucocytosis, unless there is added an infection due to the ordinary pyogenic germs. Finally in the presence of shock we may diagnosticate hæmorrhage from concussion or compression by the increase of leucocytes and the diminution of red globules which occurs in the first.

Treatment.—As the surgeon's first concern is always to place his patient in such a condition that he will easily bear any intended interference and promptly recover from it, complicating blood disturbances always call for treatment at his hands. The matter is simple enough, for we practically rely upon iron, but the choice is more difficult, as we meet with much contradiction of opinion. The merits of organic and inorganic preparations are still under contest. Of late there has been some reaction in favor of the latter, but we hardly feel that it is well justified. There is no doubt that none of the inorganic preparations are directly absorbed into the blood, but, while it has lately been stated that there is no convincing proof that this occurs with the organic forms, the researches of Quincke and others show that this is more than probable in the case of some of the organic preparations. The value of inorganic preparations must be admitted, but the question is one of superiority. We know that it is not true that iron acts only by combining with the sulphureted hydrogen of intestinal putrefaction, thus allowing the ferruginous nucleo-albumins to be absorbed, since the sulphide of iron may be given with good results, and since other substances which readily combine with sulphur do not produce good results. The theory that iron

has but a local action in the intestines is disproved by the fact that the livers of animals that are given iron are richer in this substance than the livers of those to which no iron is administered. Stengel, in his fine essay on the diseases of the blood in the *Twentieth Century Practice of Medicine*, agrees with von Noorden in believing that iron acts as a direct stimulant to the hæmatopoietic organs. Clinical observation has certainly shown that the organic preparations are better tolerated and may be taken for a longer time than the inorganic ones. No one contests the value of Blaud's pills; yet, in many cases they have to be given in apparently excessive doses to obtain good results, and in such instances they usually constipate and cause gastric disturbances. The pills of the carbonate often cause gastralgia, and a certain proportion of patients can not take them. The liquid preparations, such as the tincture of the chloride and the syrup of the iodide, are of distinct value, yet they possess some disadvantages. If we admit that the inorganic preparations sometimes give fairly prompt and favorable results, we must also admit that their administration has to be limited to the cases which show no harmful results from their use. Besides this, we may be disappointed by old and unreliable preparations.

The value of chalybeate medication is something that may be tested accurately by blood count and estimation of hæmoglobin. Repeated investigations of this character have certainly shown the value of some of the organic preparations from this standpoint. In many instances they have shown a distinct superiority over the inorganic ones, and their greater palatability, together with the fact that they hardly ever disagree with the stomach, and that in their best forms they do not cause constipation, and may usually be administered for any length of time, are distinct points in favor of their use.

For several years past the writer has made use of the liquor ferri peptomanganatis of Gude in all instances of anæmia complicating cases in his surgical practice, with exceedingly good results, some of which will be detailed further on. Examination of the blood was made in the majority of these cases.

Dr. von Ramdohr, of this city, read before the Academy of Medicine on May 27, 1897, a paper subsequently printed in the *New York Medical Journal* for June 26, 1897, in which he gave the results he obtained after gynæcological operation by the administration of the peptomangan. His observations being controlled by blood count and estimation of hæmoglobin, are of distinct scientific value. In eleven patients this remedy was administered during a period averaging a trifle over twenty-two days. The blood count in all these patients averaged 3,367,727 red blood corpuscles before the administration, and had risen to an average of 4,272,363 at the end of the period mentioned.

Dr. Emory Lanphear, in a similar investigation in three surgical cases, found a blood count averaging 3,286,666 before treatment, a number corresponding very closely with that found by Dr. von Ramdohr. He kept his patients under treatment for a period averaging a little over thirty-seven days, however, and then his blood count showed an average of 4,735,000.

In the following cases treated by the writer, the blood examinations were made either by himself or under his supervision by Dr. Brandeis, Dr. Overton, and Dr. Lynch, all of the House staff of the French Hospital:

Mrs. O. F., aged forty, sent for me December 22, 1898, to be treated for a Colles's fracture on the right side, which had taken place on the morning of the same day. Extreme anæmia being noticed, the patient stated that

she had vomited blood occasionally for the last three months. Further inquiry and examination led to the diagnosis of ulcer of the stomach. Blood count 2,179,000; hæmoglobin, forty-two per cent. She was placed on peptomangan, in half ounce doses four times a day, which she bore exceedingly well. She had previously used the tincture of the chloride of iron and Blaud's pills without good results. On January 31, 1899, her blood count showed 3,874,000 red globules and hæmoglobin fifty-eight per cent. Her symptoms had all greatly improved.

A. J., a French woman, aged twenty-nine, was admitted to the French Hospital on January 13, 1889, suffering from metrorrhagia due to retained products of conception. She had been bleeding at frequent intervals for three months past. She was curetted and given peptomangan. Blood count before treatment, 3,100,000; hæmoglobin, thirty-nine per cent. After the lapse of three weeks she showed 4,435,000 red corpuscles and hæmoglobin sixty-two per cent.

A similar experience was obtained, during the course of last year, in a large number of cases in which curetting was done for various reasons.

Mrs. McG., Irish, aged fifty-seven, was admitted to the French Hospital on May 22d suffering from uterine cancer, with some involvement of the vaginal wall posteriorly. This case was a rather bad one for operation, and hopeless as to entire cure. As operation offered some chance of prolongation of life, by stopping the bleeding and checking for some time the growth of the neoplasm, I did a vaginal hysterectomy on May 26th, and removed a considerable portion of the posterior vaginal wall. She was given peptomangan. Blood count before treatment, 1,924,000; hæmoglobin, thirty-three per cent. After the lapse of three weeks the blood count was 3,894,000 and the hæmoglobin forty-nine per cent. I saw her last November, and she then presented signs of a recurrence. She had, however, enjoyed in the meanwhile some months of very fair health.

A. F., a French woman, aged forty-four, was admitted to the hospital on June 3, 1899, for a very tight stricture of the rectum, of syphilitic origin, and dating ten years back. In the last few years the stricture had on several occasions been stretched and forcibly dilated. She had used rectal bougies herself for a long time. The only prospect of relief seemed to lie in a left inguinal colotomy, which was done some time after her admission. She was exceedingly anæmic, and antisyphilitic treatment did not appear to lessen the anæmia. Peptomangan, administered during four weeks, increased the red blood cells from 2,945,000 to 3,600,000, while the hæmoglobin rose from forty-one to fifty-five per cent. This improvement, however, was rather temporary, and was not maintained very long.

J. U., a French sailor, aged twenty-nine, was sent to the hospital from his ship on June 4th suffering from a mastoid abscess. His condition was so bad that he was operated on within a few minutes after his arrival. He stood the operation well. As he suffered from profound sepsis, and his blood count was 4,320,000, he was given peptomangan. In two weeks his blood count had reached 5,520,000. The hæmoglobin, through an oversight, was not estimated.

J. R., a French woman, aged twenty-nine, was admitted on June 9th suffering from a large pelvic abscess. The temperature was 104° F. on admission. The abscess was evacuated

by anterior vaginal section. Blood count, 2,640,000; hæmoglobin, thirty-five per cent. Peptomangan was given for three weeks, after which the blood count was 3,740,000 and the hæmoglobin sixty-eight per cent.

Mrs. A. P., a French women, aged forty-two, was seen at her house on April 20, 1899. I was called in consultation by Dr. Monory, visiting physician at the French Hospital, who had himself been summoned by a midwife who had been in charge of the case. The woman was in labor, and shortly after the pains began she had a severe hæmorrhage. The injudicious use of ergot by the midwife had only served to render the bleeding more violent. Dr. Monory and myself administered chloroform immediately, and, tearing through a placenta prævia centralis, did a podalic version and rapidly delivered a dead child. The uterus was packed with aseptic gauze. The woman appeared to be practically exsanguineated, for the hæmorrhage was the most severe I have ever witnessed. As the midwife manifested her desire, and protested her ability to take charge of the after-treatment, we left the patient, after giving full directions for the removal of the gauze on the next day, and enjoining great cleanliness. This patient was admitted to the French Hospital on May 3d, not having been seen by a physician in the interval. Upon admission, during the afternoon, she had violent chills, and her temperature was 106° F., rising to 107.2° F. an hour later. The gauze had been removed only after the lapse of a number of days. The patient was of a waxy pallor and the pulse nearly imperceptible. A profuse fœtid discharge issued from the vagina. Intra uterine lavage was done at once with saline solution, many gallons of which were used. An intravenous injection was also practised. The blood count was 1,760,000; hæmoglobin, twenty-eight per cent.; leucocytes, 32,000. Strychnine and nitroglycerin had to be frequently administered. During the course of the next three days the patient seemed to manage to just keep alive, and we were momentarily expecting her death. On May 6th she was given antistreptococcus serum hypodermically, and this was repeated twice on subsequent days. The temperature then gradually fell on the 8th to 100° F., the lowest degree yet reached, and in the course of the next four days came down to normal. From the first she had been fed with milk and whiskey in frequent small doses, with drachm doses of peptomangan three times a day. This was soon increased to half-ounce doses. Four weeks after admission her blood count was 3,840,000; hæmoglobin, sixty per cent. She was discharged at this time in good general health.

A. K., a Greek, was admitted on the same day as the previous patient, suffering from a severe infected stab wound on the external aspect of the left thigh. His temperature was 106° F. on admission, and rose higher during the night. The original wound affected the lower end of the vastus externus a few inches above the knee joint. The knee itself was much swollen, and the whole external aspect of the thigh was fluctuating. The original wound was enlarged, and a counter opening was made three inches below the trochanter. A large rubber drainage tube was introduced, the ends protuding through the two wounds. There was an enormous discharge of stinking sanious pus, and the wound and drainage tube had to be washed out several times a day. Notwithstanding these procedures, extremely high temper-

atures persisted, and he was given antistreptococcus serum. His temperature then gradually began to abate, and he was able to leave the hospital six weeks after admission. His blood count was 2,954,000 and hæmoglobin thirty two per cent. the day after he was admitted. He was given peptomangan during the whole of his stay, and, upon leaving, his blood count had risen to 4,210,000 and hæmoglobin sixty-two per cent.

These last two cases represent forms of the most violent sepsis, and are the most pronounced among quite a large number which the writer has had an opportunity to treat during the last year. In all such cases the administration of iron in a form which does not unfavorably effect the stomach is certainly of the greatest value, and appears to decidedly shorten the course of the septic condition.

In the surgical diseases of childhood the use of peptomangan has proved exceedingly beneficial in my hands.

B. F., a boy aged eleven, bearing marks of old sores due to tuberculosis cervical adenitis and presenting a very anæmic and ill-nourished appearance, was brought to me on February 29, 1899, for a suppurating sinus upon the outer aspect of the right arm. A sequestrotomy was done, and a large sequestrum was removed from the humerus; the wound was curetted and healed nicely under gauze packing. The boy had taken cod-liver oil and Fowler's solution for a long time, but was not much benefited. When I first saw him he had 3,100,000 red corpuscles and hæmoglobin thirty-three per cent. He was given peptomangan in two-drachm doses, and in three weeks had 4,254,000 red blood globules and hæmoglobin sixty-eight per cent.

In two cases of facial erysipelas in girls, seen at St. Vincent de Paul Asylum, and in a number of instances of cervical adenitis, the blood count and estimation of hæmoglobin were rapidly improved under the use of peptomangan. In rhachitic children it has given me much satisfaction. During the course of treatment of a boy upon whom I did a double osteotomy for bow legs, the blood count increased from 2,844,000 to 3,842,000 in four weeks during which this preparation was given before the operation. The following case is of some interest:

B. L., aged eight, an inmate of the asylum, was taken on January 26, 1900, with what appeared to be a severe attack of acute rheumatism, the right shoulder and the head of the left tibia being red and swollen. Salicylates showed no improvement on the next day, and acute osteomyelitis was diagnosticated. The child's mother could not then be found, in order to consent to an operation, and on the 28th, as the tissues over the left upper half of the tibia were red and exquisitely painful, with slight fluctuation, one small incision was made down to the bone, giving issue to some sanious pus, with much bleeding. I did not feel justified in proceeding further without the mother's consent. Pressure stopped the bleeding, which, however, recurred furiously during the night. No vessel could be found to be at fault, and strong pressure, with an elevated position of the limb had to be relied on. It was only then remembered that the child had, two years previously, nearly bled to death after the extraction of a tooth. It was evident that the child had hæmophilia. The state of affairs, with repeated refusals on the part of the mother, prevented any further operative interference to reach the medullary canal. The child was placed on the use of

peptomangan, which, notwithstanding the septic process still going on, raised the estimation of hæmoglobin from thirty-two per cent. the day after the hæmorrhage to forty-five per cent. the next week. The wound has since continued to suppurate, showing continuous slight rises of temperature, and the medullary cavity has opened spontaneously and is draining through the wound. The child seems to do much better than might have been expected during the course of such a prolonged sepsis, and continues the use of peptomangan.

The writer has altogether made, or caused to be made for him, blood counts and estimations of hæmoglobin in fifty surgical cases in which peptomangan was used. In his experience of the last few years he can recall only one patient, a nervous and capricious young woman, with whom it failed to agree. A statistical examination of the results obtained showed that on an average the first three weeks of treatment give an increase of about 40,000 red blood globules a day, this proportion diminishing later on as the blood becomes restored to its natural composition. The cases cited by von Ramdohr and Emory Lanphear, as well as those I have observed, show that we have in such preparations as peptomangan a means of obtaining good results with a certainty that is almost mathematical, and without any of the distressing symptoms so frequently following the use of the inorganic preparations.

THE THERAPEUTIC VALUE OF UROTROPIN.

BY DR. EMIL SUPPAN, OF VIENNA.

(Abstracted from the *Wiener Medizinische Blatter*, No. 28, July 12th, 1900.)

Since the time that Nicolaier first introduced Urotropin for the treatment of bacterial disease of the urinary tract and the uric acid diathesis, numerous reports have been made fully confirming the thérapeutic value of the remedy. Entirely apart from its effects upon the uric acid diathesis, it is indubitably to Nicolaier that we are indebted for the possession of a remedy for a whole series of severe and even as a rule incurable affections of the urinary passages. It is of immeasurable value in practice to possess an agent for the relief of those severe forms of cystitis occuring in old men due to prostatic hypertrophy, and leading as a rule to chronic pyelitis or pyelo-nephritis and all the symptoms of chronic urinary intoxication. They are justly feared by the practitioner. Urotropin is so far the only remedy that we possess by means of which vesical catarrh and its complications can be treated internally. It is of the very greatest value as an aid to the local treatment, and in many cases can replace it entirely.

The physician treating severe cases of urosepsis will be quite familiar with the difficulty of deciding upon the management of these cases of cystopyelitis in old and often greatly debilitated, even marantic men. Is lavage of the bladder to be undertaken or not? To him Urotropin will be extremely welcome and very useful. The malady is frequently fatal, and the use of the catheter only postpones its termination. Often there is absolutely no better method of handling these cases than to administer quinine to combat the fever, give Urotropin for the urinary poisoning, and watch the case for a day or two. It was our former custom to catheterize at once, and wash out the bladder once, twice, or oftener daily; or in hopeless cases to institute permanent drainage of the bladder. In spite of this, the mortality from uræmia, anuria and hæmorrhage was very great. We can certainly spare the patient pain and discomfort, and perhaps help and save him by avoiding catheterization and employing Urotropin. In these severe cases instrumentation should only be used from time to time for the evacuation of the bladder when the patient cannot do so spontaneously.

If the Urotropin is effective, and the patient survives, vesical lavage may be undertaken in a certain proportion of these cases in two or three days, the drug being meanwhile continued; thus instituting a combined local and general antibacterial treatment. And we should never neglect to administer Urotropin where absolute retention necessitates the use of the catheter, or where lavage is indicated and is not too risky. Hence we may lay down the rule.

Urotropin must always be employed in every case of urosepsis of the aged with prostatic hypertrophy, in all the non-acute and septic bladder and pelvic catarrhs which are the consequences and complications of this growth, as also in inflammatory conditions dependent upon atrophy of the prostate, neoplasms and diverticulæ of the bladder, and stricture. Omission to do so is a serious dereliction from duty, since by its means the fatal termination may be averted in many otherwise hopeless cases; and in others its continuous administration may so influence threatening symptoms that the patient may live even as long as twenty years thereafter without serious disturbance of his health. There is no possible doubt that Urotropin is of inestimable value in the treatment of urinary poison-

ing in the aged. It is true that a certain number of these cases, even most hopeless ones, do improve spontaneously; but the percentage is small. It is indu itable also that some of them, more especially those seen late in the disease or in extremis, do go down hill in spite of the immediate administration of Urotropin in proper doses, and in spite of all other antipyretic and strengthening measures. But in a very large proportion of the cases Urotropin has an undoubted and decisive effect. Hence the injunction to begin the administration of the drug at once, and continue its employment for a long time, in every case of urinary fever in consequence of cystitis.

I have treated a very large number of prostatic hypertrophies during the last three years. Whenever a complicating cystitis of any severity appeared and whenever the symptoms of an ascending process or a beginning acute or subacute septic cystopyelonephritis showed themselves, I have never omitted to administer Urotropin at once in large doses. My favorable opinion of the drug is based on the very satisfactory therapeutic results that I have attained. It has done me brilliant service in some, and these not a small proportion of the cases; and I believe that I must ascribe the avoidance of a rapidly lethal termination in more than one extremely critical case at least chiefly to the drug. Absolute proof of this, of course is wanting. I do not propose to institute any control experiments, and let any case of mine with urinary poisoning go without the drug. The interests of the patient imperatively demand its immediate use.

To give a single example, let me mention a case that I treated some eight months ago. A very marantic patient, aged 72 years, had had for the last fifteen years frequent, almost hourly urination, especially at night. His color was faded, he was much emaciated, and there was no appetite. His prostate was very large, especially the median lobe, which projected into the bladder; and there were deep recesses behind and at the sides of this protuberance in which the urine was constantly stagnant and undergoing decomposition. The bladder was hypertrophied and trabecular, and was never completely emptied, the residual urine being about 400 ccm. (13 ounces). The urine was purulent, and often stinking, and contained masses of mucus and pus. His fever frequently reached 39° C. (102.2° F.), and he was often kept to his bed with chills and diarrhœas. He had been having vesical irrigations for three weeks without the slightest effect. These I ordered to be stopped, after informing his relatives of the gravity of the outlook. I gave him 2 grams (30 grains) of Urotropin in 1-2 gram (7 1-2 grains) portions every four hours dissolved in half a glass of soda water. Even in four days there was a slight improvement in the urine; there was less clotted mucus and pus, and the repulsive ammoniacal odor had diminished. The fever, general malaise, and prostration gradually disappeared. On the eighth day the patient was able to leave his bed, and the administration of nourishment, which had sunk to nothing, was in full swing again. Cautious lavage of the bladder with boric acid, and permanganate of potash nitrate of silver could then begin. The Urotropin was continued in doses of 1.5 grams (22 1-2 grains) daily. In the morning the bladder was thoroughly washed out with a large quantity of fluid; in the evening the patient removed the residual urine with a Nelaton catheter himself. Improvement was continuous for several weeks, but as soon as the patient

stopped the Urotropin for several days the urine became worse; so that I directed him to take the drug for four days in each week. Thanks to the continued employment of the drug, and the careful nursing that he had, the patient was finally put in a very fair condition, though of course there was no question of curing his old vesical malady. About twenty other cases of septic cystitis and pyelitis in the aged ran a similar course under the same treatment.

I also treated seventeen cases of cystitis (ages ranging from 18 to 41 years), with Urotropin. They were usually gonorrhœal or a pure bacteriuria. In these milder cases I at first employed the Urotropin in doses of 0.5 gram (7 1-2 grains) three or four times daily in half a glass of soda water only after the other remedies, salol or benzoate of soda internally or lavage after Didet and Janet had failed me; later on I used it in the beginning to support the local treatment of the bladder, urethra, or prostate. Like many others, I found that local treatment was often useless, and in twelve cases I had to stop it and rely upon the Urotropin alone. In the great majority of cases I had most excellent results. In some the urine became clear with surprising rapidity. In isolated cases there was no result, in spite of the use of the remedy for months; and I may call attention here to the fact that in very old and obstinate cases of bacteriuria or cystitis the dosage must be correspondingly large. Casper has remarked the fact that the result frequently depends upon the correctness of our judgment in this respect. I have gotten results in some cases with 3 grams (45 grains) where 1.5 and 2 grams (22 1-2 to 30 grains) were without effect. In every case, however, the patient's appetite was markedly increased; and the patient suffering from occasional chills, vomiting, and general disturbance lost these symptoms entirely.

The reason why Urotropin is inefficacious or why its effect becomes less after a time in certain cases has been explained by Casper and various other investigators. They found that in certain cases, the Urotropin passed into the urine unchanged, and no formaldehyde could be demonstrated in the secretion. The action of the drug, according to Casper, depends upon the presence of free formaldehyde in the urine; the more there is of it, the more of the noxious microorganisms are destroyed. Only a portion of the Urotropin is split up; and severe cases of cystitis require large doses to get its effects.

There were no unpleasant by-effects in the vast majority of the cases to which I administered Urotropin. Some patients seem to have a certain idiosyncrasy for the drug, and had some headache or ringing of the ears. But these effects usually diminished when the drug was persisted in.

The diminution of the suppuration in the severe cystites of the aged, cannot be effected with any other method of internal or local treatment as it can by the use of Urotropin; no other remedy has the same bactericide and suppuration lessening effect. It will not do, however, to reject lavage and rely upon Urotropin alone in every case. As many observers, and amongst them Nicolaier, Casper, Kelly, Smith, Brewer, Blech and Whittaker, have remarked, Urotropin is an excellent aid to lavage, in cystitic processes, and is especially valuable and quite indispensable in prostatic hypertrophy with chronic retention and cystitis and pyelitis. In such cases the drug markedly improves the severest symp-

toms; cure, of course, cannot be hoped for.

I have seen an astonishingly rapid and permanent effect from the drug in seven cases of phosphaturia of the obstinate form which appears after long continued gonorrhœa, and in which no other therapeutic measure effected the slightest improvement. Under the use of 1 to 2 grams (15 to 30 grains) of Urotropin daily the milky urine cleared up, and the sediment of amorphous phosphates and phosphate of magnesia disappeared in a few days. There was prompt improvement also in the frequent urination, the urethal burning, the twitches and pains in the legs and loins, and the other numerous neurasthenic symptoms with which these patients were affected. Of course some cases of severe phosphaturia progressed more slowly; but marked improvement was always manifested.

Urotropin is thus a very efficient remedy for the treatment of diseases of the urinary passages, being invaluable in certain forms; and there is no other drug in our armamentarium which will take its place.

AFTER TYPHOID.

In the *Medical Summary*, Dr. W. R. D. Blackwood, of Philadelphia, says that the following combination has proved very successful in his hands:

R H.yd. chlor. corros gr. j.
Elix. calisaya oz 3
M. Sig.—A teaspoonful four times a day.—*Columbus Med. Jour.*

MINISTER Wu Ting Fang will present in the October *Century* "A Plea for Fair Treatment" in behalf of his fellow countrymen. This is one of half a dozen articles in the same magazine, in which the Chinese question will be treated, directly or indirectly. Bishop Potter writes on "Chinese Traits and Western Blunders"—the first of a series of travel sketches and studies.

SOUTHERN RAILWAY RECEIVES GRAND PRIZES AT PARIS EXPOSITION.

As we go to press, we are in receipt of information that the Southern Railway received two grand prizes and two silver medals for its display of the resources of the South along its lines at the Paris Exposition.

These exhibits included the timbers in the Forestry Annex, many varieties of commercial woods of the South, minerals, agricultural products, views of manufacturing establishments, and other industries and a unique display of models representing the railway's interest in the cotton industry. The grand prizes were given—one for its exhibit of agricultural products and one for its timber display; the silver medals for photographic displays. The exhibit is attracting a great deal of attention.

Editorial

THE MEDICAL TIMES AND REGISTER is published monthly.

All communications, reviews, etc., intended for the editor should be addressed to 367 ADAMS STREET, DORCHESTER, BOSTON, MASS.

THE MEDICAL TIMES AND REGISTER is published by The Medical Publishing Co 1409 Arch Street, Philadelphia, Pa., to whom all remittances should be made by bank check, or postal, or expres money order.

Subscription price is $1.00 a year in advance. Foreign countries, $1.50. Single copies, 10 cents.

Advertising rates may be had on application at the Philadelphia office.

Original articles of practical utility and length are invited from the profession. Accepted manuscripts will be paid for by a year's subscription to this journal and one hundred extra copies of the issue in which such appears if desired.

Reprints of Original Articles are not furnished except on payment of cost price by the author

Entered at the Philadelphia Postoffice as second-class mail matter.

A GREAT MIDWAY.

"Meet me at Mecca at the corner of Tunis and Morocco streets."

Thus might two travelers in 1901 arrange for a conference in Buffalo on the Midway of the Pan-American Exposition.

As all roads will lead to Buffalo in Pan-American year, so all paths on the Exposition grounds will wend their way, sooner or later, to that center of attraction for the pleasure seeker, the Pan-American Midway, which may be described as the pleasures of the universe boiled down and condensed for immediate consumption.

At the corner of Tunis and Morocco streets would be in that part of the Midway which will be known as the Beautiful Orient, and which will be a romantic and realistic display of the charms and wonders of the Far East. The letting of the contract for the buildings of this concession makes opportune a more complete description of its character than has yet been published. Many of the Midway structures are now far advanced toward completion. The buildings for the Beautiful Orient will soon be under way. The contract just awarded for the erection of the woodwork is $56,000. Other contracts will bring the total cost to over $100,000. This, be it remembered, is but one of the dozens of features which the Pan-American Midway will contain. The cost of the whole Midway will be about $3,000,000. Dismiss from your mind any idea that this Midway will be a mere aggregation of fake shows, a collection of Bowery freaks, the circus side-show expanded. The exposition Midway may have had such an humble origin, but it has developed into an institution far different, and at the Pan-American will be an adjunct of the Exposition proper possessing claims upon the attention both of those seeking for amusement pure and simple and of those seeking instruction as

well. The development of this adjunct of expositions is seen in the fact that at the Pan-American the Midway buildings will be costly structures, covered with staff as the other Pan-American buildings are, and carefully designed so as to add by their beauty of form and ornamentation to the attractiveness of the Exposition as a whole. For instance, the Beautiful Orient has been planned by its designer, Frederic Thompson, so as to give most charming architectural and scenic effects from both without and within. From Mecca, looking down the Streets of Cairo to the Streets of Turkey, the sweep of vision will take in several fantastically sculptured minarets, while other scenic features characteristic of the Oriental cities will enhance the beauty of the view. Besides those mentioned there will be the Streets of India and those of Algiers. No similar feature at any previous exposition will bear comparison to this. The Streets of Cairo at the Chicago Fair was a great success and its fame is world-wide, but Gaston Akoun, who had this concession at Chicago and who has the Beautiful Orient at the Pan American, says that the latter exhibition will be three times as large as that at Chicago. The buildings of this one feature of the Midway will cover an area of 160,000 square feet. Mr. Akoun has just gone to Paris, where he will obtain the cream of the Oriental features at the great fair now in progress in the French capital, and he will also secure for the Pan-American many attractions that have not been seen at Paris.

The Orient possesses great charms for the traveler from the New World, and a faithful portraiture of its characteristic scenes and the daily life of its people will be educational as well as highly entertaining. Some so-called "Oriental" shows have been chiefly collections of a few moth-eaten camels and ordinary denizens of the demi-monde, labelled "beauties of the harem," while the danse du ventre has been the main dependence in attracting the shekels of the prurient sight seer. A much higher standard than this has been set for the exhibitions of the Pan-American Midway. The real life of the East will be portrayed in the "Beautiful Orient." The different streets will be thoroughly typical of the main thoroughfares in the cities they represent. From the minaret of a mosque, at certain hours of the day, a Mohammedan sheik will summon the faithful to prayer. A parade from all the streets will be introduced, which will give an opportunity for a most interesting exhibition of Oriental customs and pastimes. From 250 to 300 natives of the Orient and a large number of animals will be seen in this procession and in the attendant ceremonies.

Other features will be a Bedouin Arab Encampment and Nomada from the deserts of Sahara. Included in the Beautiful Orient will be two large theatres, a bazar and a cafe. Though but one of many features of the Midway, it can be seen from this description that it will be in itself an exhibition of large extent and remarkable interest.

INHALATION OF FORMALIN IN PHTHISIS.

The *British Medical Journal* of January, 28, 1899, published a most interesting paper by Dr. William Murrell, dealing with the essential oils and other volatile substances in the treatment of phthisis. The author discards the essential oils, but favors the use of Formalin, which he subjected to severe test as regards the inhibition of growth of the bacillus tuberculosis. They showed that the addition of glycerin retarded the effects whilst Formalin pure and simple answered all the author's expectations.

The cases which Dr. Murrell reports all show that with the Formalin treatment, without any addition, he was uniformly successful. The patient was directed to inhale the substance by dropping it on lint, and thus allowing it to be absorbed.

We also wish to make some remarks on the paper of Dr. Lardner Green, which we find in the same journal under date of January 20th last.

The author fully indorses, from personal observation, the conclusions Dr. Murrell has come to, and it is satisfactory to notice that he also has used this gas by inhalation, to the great advantage of his patients.

Dr. Lardner Green, however, introduces into his prescription two incompatibles, which we consider it desirable to point out; Dr. Murrell's results confirm, from a bacteriological point of view, the advice not to introduce glycerin. There is an abundance of literature showing that glycerin forms a chemical compound with formaldehyde, named glycero-formal, which is toxic. Although this compound has been recommended for disinfecting purposes, closer study has shown that the more noxious properties of this body by no means assist antiseptic action, but rather impede it. As we said before, this has been confirmed by Dr. Murrell; and it is by no means desirable to encourage the mixture of these two bodies.

As Dr. Green has found, some persons are more susceptible than others to the fumes of Formalin; and for this reason he recommends, where indicated, the addition of aromatic spirits of ammonia. This will effect a material reduction in the penetrating power of Formalin gas; for the very simple chemical reason that Formalin gas has great affinity for ammonia, with which it readily forms a neutral compound—formamide. This results in binding up the Formalin, and very effectually reducing its activity as a bactericide.

If a patient finds the fumes of Formalin more irritant than he can conveniently bear, he should reduce the solution by the further addition of water to half the strength, or even much less, one-tenth, which would still be effectual as an inhalation. But it will be found that even a sensitive patient will gradually be able to bear the greater volume of gas, just as a visitor to the room of a patient where Formalin has been used will, after a very short time, fail to feel the least inconvenience from the presence of the gas.

The great advantage of Formalin gas in the treatment of phthisis is shown by a great number of authorities who advocate its use, and who claim that it is equal—nay, preferable—in most cases to the open air treatment; except for cases that can go to the mountains far removed from the contaminations of a populous community. The simple reason for this is the great affinity of Formalin gas for

all nitrogenous and sulphur compounds, which it quickly eliminates from the air of the room occupied by the patient. For this reason it will, under all conditions, help the general treatment of disease and minimize its symptoms. The use of Formalin for this purpose offers a subject for further study of what cannot fail to be most gratifying.—*The Therapist*, London, February, 15, 1900.

BOOK REVIEW

TWENTIETH CENTURY PRACTICE. An International Encyclopedia of Modern Medical Science. By leading authorities of Europe and America. Edited by Thomas L. Steadman, M. D., New York City. In Twenty Volumes. Volume XX. "Tuberculosis, Yellow Fever and Miscellaneous. General Index." New York: William Wood & Co., 1900.

The twentieth and final volume of the finest work of the century in the English language on medicine marks an epoch in medical literature. The book is devoted to the subjects of tuberculosis and yellow fever in general, with a few miscellaneous subjects necessary to a completion of so large an undertaking, and a general index.

Tuberculosis is contributed to in several sub-divisions, the first being its bacteriology, pathology and etiology, by August Jerome Lartigau, of New York. His work is a matter of historical resumé, but which is well handled and considered up to date. The next chapter treats of the symptomatology of tuberculosis, by Henry W. Berg, of New York, and following this is the diagnosis, prognosis, prophylaxis and treatment, by S. A. Knopf, of New York. In the consideration of hygienic treatment a number of the more important sanitariums are mentioned, with perspective views and designs for the scientific handling of the disease, both at home and abroad. The various newer methods of treatment are all mentioned and described, including the pneumatic cabinets and other ærotherapic and hydrotherapic apparatus. Following this is a chapter on tuberculosis of the skin, by John T. Bowers, of Boston, which is very interesting as well as instructive.

The second section of the book is devoted principally to the consideration of yellow fever, by Wolford Nelson, of New York. He first gives a brief review of the various cities where the disease originates. He also goes into an interesting detail of the methods of interment of yellow fever victims in some of the Southern cemeteries. The etiology, bacteriology and treatment, including quarantining of yellow fever, are considered in routine order. Following this chapter is one by Thomas R. Brown, of Baltimore, on "Poisoning by Snake Venom," which is exceedingly interesting.

"Mushroom Poisoning," by Beaumont Small, of Ottawa, is the title of the next chapter.

A chapter on diseases of the urula, soft palate and faucial pillars, by Jas. E. Newcomb, of New York, treats of certain common affections in an interesting manner.

Neural and Mental Defects of Childhood, by Francis Warner, of London, finishes the work.

Thus is ended one of the greatest scientific works of the century, the twenty volumes of which will profit any physician, no matter how well educated he may be, and for those whose libraries are limited the work will comprise all that is valuable in medical research without the laboriousness of the vast amount of worthless theory of our historic days.

THE STORY OF THE SUN, MOON AND STARS, By Agnes Giberne, Price $1.50, National Book Co., Cincinnati, O. The above work, on a subject so interesting is one that should be read to be appreciated. A great many of the books on the subject of astronomy are a task to read but the subject has been so well dealt with by Agnes Giberne that it is very entertaining as well as instructive.

"THE LANE THAT HAD NO TURNING."

Since adventuring in Egypt in quest of the raw material of which fiction is made, Mr. Gilbert Parker's Canadian fields have been lying fallow. He returns to them however, with new vigor, and even fuller power; and the serial which he has just completed finds him at the highest dramatic level to which he has yet attained.

"The Lane that Had No Turning" is remarkable for its honest strength, thorough originality, and absorbing interest. The scene of the story is Pontiac (whither Valmond came), and the period the middle fifties. The leading characters are Madelinette, a famous singer, and her husband, Seignior of Pontiac, for whom she dares all and risks all. The story gains interest as it progresses and concludes with a striking and wholly unexpected finale.

"The Lane that Had No Turning" will begin in *The Saturday Evening Post* for September 29, and run through five numbers.

NEW HOME FOR J. B. LIPPINCOTT COMPANY.

An important transaction has just been concluded by which a number of old-fashioned dwelling houses on East Washington Square have passed from the ownership of the heirs of the famous lawyer, Horace Binney, and will soon be torn down to make way for a fine building to be occupied by J. B. Lippincott Company, whose old home on Filbert Street, above Seventh, was burned down some months ago. Possession is to be given by September 14, and it is expected that the demolition of the old structures will begin soon after. The site is considered a very eligible one for the Lippincott Company, as it has light on three sides, is very central, and they will be enabled to promptly issue and increase their excellent line of medical publications by standard authorities. By the way, their new catalogue, just issued, is handsomely illustrated with excellent portraits of many of America's leading medical writers.

Many historic recollections cluster about the properties just sold. They stand on the ground once occupied by the old Walnut Street Prison, built before the Revolution, and in which during the struggle, the English confined American prisoners during the former's occupation of Philadelphia.

THERAPEUTICS

In charge of H. B. SHEFFIELD, M.D., New York.

THE USE OF HYDROZONE AND GLYCOZONE IN GASTRIC AND INTESTINAL DISTURBANCES.

W. H. VAIL, M. D.

I have, for a long time, been rather enthusiastic over the value of Hydrozone and Glycozone in treating diseases, and can attribute much valuable assistance and extraordinary results from their use in the last few years. The medical profession, in fact, has never gained such remarkable results from the employment of any production as it has from the use of these preparations, and my recent effects have almost, in a measure, surpassed them all. I will give a brief report of one remarkable case. I could mention several others, but a physician's time is valuable, and often he has not the moment to spend in perusing a legion of cases, so I select this one, it being the severest of all, to demonstrate, the potency of Hydrozone and Glycozone:

I was called to treat a young man, suffering from a severe gastro-enteritis. I found him in a most serious condition, having been delirious for three days. His temperature was sub-normal, 97.6, pulse 60, respiration 16. He was greatly emaciated, atonic, had inappetence, a severe agonizing pain in the stomach and intestines, at times so severe that he would sit on the edge of the bed and groan, oftentimes, yell. These attacks were always of a similar nature and occurred regularly. He was unable to take either solid or liquid food, even in small quantities without causing a return of the pain, a teaspoonful of milk being sufficient to produce it. His condition was pitiable. His cheeks were hollow, eyes congested, skin pale and sallow and his whole appearance showed the presence of intense pain.

I was called at the end of the third week of his illness. The former physician had employed opiates in large doses with most worthless results, also many other drugs with not a sign of improvement, he growing seriously worse. I determined that Hydrozone and Glycozone were the remedies indicated, and were the only ones that would be of value here, therefore, I gave him, at once, one-half glass of a mixture of one-half ounce of Hydrozone with a little honey to one quart of water. He was somewhat disturbed for a while after the portion, but was soon relieved. The distress, I presume was due to the advanced stage of the inflammation. I continued to administer this for some time, with only a slight improvement, but after several doses had been taken, the relief was very decided. After his nourishment, I gave one teaspoonful of Glycozone in a wine glass of water. After a few doses of this, he was much easier and, at midnight, fell asleep and slept all night not awakening until morning, the first sleep that he had had in five days. I had previously discarded all other remedies, of which there was a large number, as one after another was given with no benefit. All of the

acute symptoms disappeared in a few days, at which time, he felt very much better, and he continued to improve without having a recurrence of any of bis old severe symptoms. Before this, I had increased both the nature and the quantity of his food which he relished greatly. I continued the Hydrozone and Glycozone for a month after, to entirely reduce the inflamed condition of the mucous membrane of the gastro-intestinal tract. These two remedies have afforded me most excellent issues many times in the treatment of gastric and intestinal disorders.

All gastric and intestinal disturbances are caused by the lining of the stomach becoming inflamed, and in order to allay this inflammation, it must first be treated with antiseptics then with medicaments that both heal and stimulate the mucous membrane that has become diseased. The most common cause for this state of inflammation is a greatly diminished quantity of gastric juices necessary for digestion consequently, the food partaken of, instead of being assimilated, ferments, in other words, the peptic glands whose function it is to secrete the gastric juice, do not perform their function properly. These must be restored to their normal state at once, which is accomplished by remedies that effect a stimulating effect upon them, and at the same time, are non-toxic, else the trouble will only be aggravated. Hydrozone and Glycozone are the two remedies par excellence for these two purposes, and the success that I have obtained from the employment of them during the past few years will lead me to always use them in these disorders.

Hydrozone causes destruction to microbes, has no deleterious action upon animal cells, possesses no toxic qualities, exerts no corrosive effect upon healthy mucous membranes when used in diseases caused by germs, is a pus destroyer and a stimulant to granulating tissues. Hydrozone is destruction itself to the skin or mucous membrane that has become diseased, and leaves the subcutaneous tissues in a perfectly healthy state.

Glycozone while not so rapid in its action as Hydrozone is, nevertheless, just as sure a stimulant, and in all gastric and intestinal disorders, exerts a potent and uninjurious effect up the diseased mucus membrane of the stomach, healing it to a nicety. It is an effective oxidizing agent, has an agreeable, sweet and at the same time, slightly acid taste resembling lemonade. Its use produces no deleterious action on the heart, liver or kidneys.

The beneficial results which Hydrozone and Glycozone have afforded me in the treatment of this class of disorders have caused me to discard all the other methods of treatment by drugs that exert an ephemeral influence but do not jugulate the offending condition. What is needed in these diseases is an antiseptic that will destroy all pathogenic germs, and at the same time stimulate the walls of the stomach. Hydrozone kills the bacteria, dissolves the mucous and prepares the stomach to better digest the food, in short it deterges the stomach, hence in it we have an efficient antiseptic; Glycozone removes the mucus from the walls of the stomach, stimulates and heals. I have discovered these two preparations to be ideal ones in treating this very common and distressing disorder.— *St. Louis, Mo.*

(Medical Mirror, for December 1899.)

BRIEF NOTES ON PNEUMONIA AS TREATED BY CREOSOTAL.

By Charles F. Stokes, M. D., U. S. Navy.

Late in October last my interest in pneumonia and its treatment was excited by watching a patient in the Naval Hospital, who for twelve days suffered from pneumonia in its asthenic form. Toxemia produced symptoms out of all proportion to the extent of lung involved.

The right lower lobe was solid, the temperature ranged for days between 105° and 106°, and the patient finally recovered. His respirations ranged between 86 and 96 per minute. He simply lay in bed panting. His case certainly looked hopeless. Nourishment, strychnia, whisky, and oxygen were the remedies employed, and they kept the machine going, but gave him little relief.

About this time the synopsis of Dr. A. H. Smith's most valuable paper on pneumonia was brought to my notice, and I heard that most instructive paper read before the Academy of Medicine, and was greatly interested in the discussion which followed. His pathology of pneumonia is familiar to you all, no doubt. The treatment by Creosotal may also be well known to you. It seemed a most reasonable plan of treatment, and well adapted to the pneumonias we see in the navy in young adults, early in the disease. I have employed it in seven cases with excellent results. It is used here in conjunction with other treatment, such as strychnia, to tone up the heart; nitroglycerin, when venous engorgement is present; digitalis, with vaso-dilator for cardiac irregularity, alcohol, etc.

A brief note of one or two cases will give a good idea of how the cases ran under this treatment.

Case 1. S. T. A. colored, 30 years old; admitted on third day; temperature 104.2 degrees; hurried respirations, bloody sputum; right lower lobe involved. Creosote carbonate, 12 minims was given every two hours. The temperature fell to the normal, by lysis, on the seventh day.

Case 2. R. C. A., white, 25 years old, had a heavy chill on December 25th, in the evening, with sharp pain in the right side. He was sent to the hospital next morning, when the signs of beginning pneumonia were found in the lower lobe of the right lung. He was anxious, face flushed, and temperature 104 degrees, and was typically pneumonic in appearance. His sputum was sticky and blood tinged. Under Creosotal, 12 minims, in capsules every two hours, the temperature fell to the normal in thirty-six hours. This case was ideal for the treatment employed, as it was seen so early in the attack.

The other cases, except the seventh, were typical and responded promptly.

The seventh case was that of a lady, 74 years of age.

After three or four days of "grippy" symptoms the patient had a heavy chill, sharp pain in the left side, and vomiting. Creosotal, 12 minims, every three hours was given. In forty hours the temperature, which had been 103 degrees, dropped to the normal. Shortly afterwards the patient had a second chill, the pulse became weak, irregular and intermittent, and the temperature shot up to 104 degrees. The patient's condition appeared very unfavorable. An examination showed a massive pneumonia involving the right lower lobe in addition to the lesion already noted.

Creosotal was persisted in, in conjunction with the usual remedies mentioned above. Two days after the second invasion the temperature fell to about 100° F. The urine was smoky during treatment, but this is due to a chemical change, and not disintegrated red blood cells, as was once supposed. Convalescence was prolonged, but the patient passed the dan-

ger point early. The treatment does not seem to disorder the stomach. Early treatment offers the most satisfactory results.—*The Brooklyn Medical Journal*, August, 1900.

UNGUENTUM CREDE.

John O. Polak, B. S., M. D., Adjunct Professor of Obstetrics, N. Y. Post-Graduate Medical School; Instructor in Obstetrics, Long Island Hospital; Surgeon, Williamsburg Hospital; Chief of Gynæcologicarl Clinic, Polhemus Memorial Clinic, in a paper on "The Clinical Value of the Newer Methods in the Treatment of Puerperal Sepsis," read before Associated Physicians of Long Island, January 27th, 1900, and published in *The Post-Graduate*, April, 1900, said the following:

Unguentum Crede is the newest and perhaps, the most reliable antitoxin in pure streptococcic infection. The ointment contains 15 per cent. of soluble metallic silver (Argentum Crede), and may be thoroughly rubbed into the cleansed skin until it has approximately disappeared. The integument is then no longer black, but only dirty looking; it is more or less reddened and warmer than normal. This takes from twenty to twenty-five minutes in a well nourished or youthful skin, and about thirty minutes in an older one. The back, buttocks and loins are the most favorable regions to inunct.

It has been my fortune, during the past few months, to give this preparation a most thorough and varied test in septic conditions; and while it is not a panacea, soluble silver certainly deserves first place among the antitoxins in streptococcic fevers.

Perhaps the most marked instance of its value is shown in the following brief history: Mrs. L., 26, M., 3 ch., was confined by a midwife four weeks before coming under my observation. She developed sepsis during the first week of the puerperium. A physician was called in, who washed out and curetted the uterus. This interference seemed to increase the infection. General stimulative and anti-phlogistic treatment was instituted, but with no result. The temperature kept between 103 degrees and 104 degrees for the next three weeks, when I was asked to see her. At this time the fever was 1042-5 pulse 156, irregular and compressible. The tongue dry and dirty, and the patient presented the general appearance of advanced sepsis. Physical examination revealed an empty uterus, with pus coming from the cervix; the involution was fair for the period of the puerperium. No parametric involvement could be demonstrated. Believing that no local interference would be of any use, Unguentum Crede was recommended and used in four gram (60 grain) doses every eight hours, and the bowels were moved thoroughly by calomel. Within forty-eight hours the temperature was reduced to 102, where it remained for two days. The quantity of the inunction was diminished to three grams (45 grains) night and morning. During this time the heart was supported by the hypodermic use of strychnia and nitroglycerin, a most excellent combination in sepsis. After the fourth day the temperature continued to fall and the patient's general condition to improve, until at the end of ten days recovery was assured.

I mention this case because in the treatment, the silver ointment had no co-operation from the surgeon, and deserves whatever credit may be due for the recovery.

In mixed infections of low grade, soluble silver has signally failed; but when the streptococcus could be dem-

onstrated, its remedial value has been most heartily indorsed.

In concluding his paper the author said: I wish to make the following summary of the points to which it is my desire to direct your discussion:

1st. That puerperal sepsis usually begins in one of two forms of endometritis, *i. e.*, putrid or septic. In exceptional cases the infection is direct through the inoculation of lacerations and abrasions with the streptococcus or with the tetanus or diphtheria bacillus.

2d. That while the curette is indispensable to the successful management of putrid endometritis, it is harmful in an empty uterus, such as is commonly found in the septic form.

3d. That all forms of septic infection are benefited by general stimulation and supportive treatment.

4th. That, of the antitoxins used, Unguentum Crede has proven its superiority over the antistreptococcic serum.

5th. That blood-washing and the artificial production of a hyperleucocytosis are valuable adjuncts to the routine treatment.

Finally, that hysterectomy postpartum should be limited to those cases in which the sepsis is localized, as a metritis with pyosalpinx, or tuboovarian abscess, after the acute symptoms have somewhat subsided, and that most parametric pus collections can be more safely handled by vaginal section.

At the Meeting of the Harvard Medical Society of New York, held March 24th, 1900, Dr. S. Marx said that puerperal fever is very rarely due to mixed infection. In ninety-five per cent. of all cases of the disease it is due to the streptococcus. When streptococcus serum was first introduced into medicine there seemed to be good hope that the fatality of puerperal infection might be reduced by it. In twenty-five cases of pure streptococcus infection, however, treated by Dr. Marx with Marmorek's serum, all the patients died, and he will never use it again. The Crede ointment has seemed to be life-saving in one case. The case was one of sapremia, not due to retained secundines, but to a pseudomembranous affection of the uterus and vagina, for which every remedy, including streptococcus serum had been tried without any improvement. Twenty-four hours after the employment of the Crede ointment the local condition was improved. In forty-eight hours the constitutional symptoms had practically all disappeared. In one of the two cases reported by Dr. Grandin, in addition to the operation, the Crede ointment and streptococcus serum were used. Dr. Marx thinks that the use of the Crede ointment was an important element in the recovery. In another case in which certain septic symptoms had continued for eighteen days, operation was tried as a last resort, but the patient did not recover. At the autopsy miliary abscesses were found in the lungs and liver although they had not been noticed at the time of the operation. In extreme cases laparatomy is undoubtedly justified, provided there are no metabolic abscesses; but it is difficult to determine this.—*Medical News*, New York, July 21, 1900.

PUBLISHER'S MISCELLANY.

TUBERCULOUS ENTERITIS.

The treatment of catarrhal inflammations of the bowel in tuberculous patients is attended with considerable difficulty. The digestion of phthisical persons is so readily disturbed that very great care must be used in selecting remedies which will have no irritating effect upon the gastro-intestinal tract. For this reason the use of the ordinary astringents is often contraindicated. An exception, however, must be made in the case of tannopine, which, owing to its insolubility in the gastric fluids is completely devoid of any disturbing influence upon the stomach. Aside from its astringent action upon the intestinal mucous membrane, tannopine also has disinfectant properties. The first reports as to the value of this drug in tuberculous enteritis were from Ebstein's Clinic in the University of Goettingen (Schreiber, Deutsche Med. Wochenschrift, No. 49, 1897). The best results were obtained in the milder cases in some of which it entirely arrested the diarrheal passages if given in doses of 60 grains daily. In the Imperial General Hospital of Vienna equally favorable observations have been made by Dr. Carl Fuchs (TIMES AND REGISTER). In one of the cases of advanced phthisis the stools were reduced from four to one a day, and in another in which the patient had five stools daily, the diarrhœa was completely arrested. Dr. E. Doernberger (Annals of Gynecology and Pediatary, July 1900) has been equally successful with its use; so that tannopine may be regarded as a very promising symptomatic remedy in this class of cases.

FORMALIN IN THE TREATMENT OF SEBORRHOEA, HYPERIDROSIS AND CARCINOMA.

At the Twenty-fourth Annual Meeting of the American Dermatological Association, held at Washington, May 1, 2 and 3, 1900, Dr. A. Ravogli, of Cincinnati, recommended in cases of seborrhœa oleosa and of hyperidrosis a mixture with a base of formaldehyde in the following proportions:

℞	Formalin	1 ounce.
	Glycerin	2 ounces.
	Aq. Coloniens } aa	3 ounces.
	Alcohol rect }	
M.		

He stated that at present he has two cases of hyperidrosis of the scalp under observation; the excessive perspiration has diminished a great deal and the loss of hair has been considerably reduced.

Dr. Ravogli, during the Discussion on Malignant Diseases of the Skin, said:

As to the distinction between the carcinomata, we need a simple one which will give us at the outset an idea of the kind of carcinoma we have to

deal with. It makes no difference whether the cells go down in one way or the other, are lobular or tubular; nor is it important whether, histologically, the cells are small cells or squamous. What is interesting for us is the distinction between the superficial or lobular, and the nodular. In the former we have a true superficial cancer which may remain for fifteen years without giving any trouble. When we have the nodular tumor, there is infiltration of the epithelial cells which come from the depth; we see that the papillary layer is entirely preserved. There is nothing wrong with the upper portion of the dermis and of the epidermis; but we find an infiltration underneath, in the deep layers of the dermis and in the lymphatic spaces. This carcinoma kills a man in two or three years. I remember a man who had carcinoma of the penis. It was no larger than a wart, an amputation of the penis was performed, the wound healed up in a few days, and in about twenty days the patient was able to leave the hospital. Four or five weeks afterward this poor man came and began to show nodules of carcinoma in the groin; and he became entirely covered with these carcinomatous nodules, and died in a short time. This clinical distinction in regard to the carcinoma I regard as very important.

In respect to the treatment, I beg that you will try Formalin. I have obtained splendid results in five or six cases. It is used at the full strength of the commercial article—40 per cent. Sometimes, if it is a small carcinoma it is necessary to cocainize the surface, because it causes sharp pain. The following day the surface gets red and swollen, and then the carcinomatous surface grows yellowish in color and sloughs off. With two or three applications I have obtained very good results.

In some cases I make a paste of rice powder, oxide of zinc and Formalin. I protect the normal skin with a piece of plaster, leaving the carcinomatous surface exposed; then with the spatula I cover this surface with the paste. Two applications have given splendid results, so much so that the carcinoma sloughed off and entirely disappeared.—*Journal of Cutaneous and Genito-Urinary Diseases*, August, 1900.

W. L. Estes. A. M., M. D., Director and Physician and Surgeon-in-Chief of St. Luke's Hospital, South Bethlehem, Pa., in a paper on "Treatment of Fractures," published in the *International Journal of Surgery*, September, 1900, recommends a 1:5000 Formalin solution for douching. In disinfecting the wound he says that a strong solution of sublimate or Formalin must be used to be efficient. The ill effects of the chemical on the tissues may be minimized by thorough washing with a normal sterile saline solution at about 110° F. temperature, after the douching with the sublimate or Formalin solution.

Joseph H. Abraham, M. D., Instructor in Laryngology in the New York Polyclinic, in a paper on "Acute Tonsillar Diseases and their Sequelæ," published in the "*Journal of the American Medical Association*, July 21, 1900, recommends the administration at the onset of acute catarrhal tonsillitis of a saline purgative, and then the spraying or brushing of the tonsils or pharynx every hour with a solution as follows:

		m. x v-x-x
R.	Formalin	
	Potass, chlor	1 ounce.
	Liq ferri, chlor	1 ounce.
	Aquæ menthæ pip, q. s. ad	4 drams.
M.	Sig. Use as spray.	

MEETING OF SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

The meeting of the Southern Surgical and Gynecological Association will be held in Atlanta, November 13th, 14th and 15th, under the presidency of Dr. A. M. Cartledge, of Louisville. Prospects are splendid for successful session. Members of the medical profession are cordially invited to attend.

NAVAL SURGEONS' EXAMINATION.

A Naval Medical Board of Examiners for examination of candidates for admission to the medical corps of the navy is now in session at the Naval Laboratory, Brooklyn, N. Y., and will remain in session for several months There are now seventeen vacancies in the list of assistant surgeons. Congress at its last session passed a law taking assistant surgeons out of the steerage and making them ward room officers as soon as they enter the service, giving them the rank of junior lieutenants and the pay of assistant surgeons in the army. Candidates must be between the ages of 21 and 30. Circular of information can be obtained on application to the Surgeon General of the Navy, Navy Department.

NORTHWESTERN UNIVERSITY MEDICAL SCHOOL.

Dr. John B. Murphy has accepted a professorship in Surgery and Clinical Surgery in the Northwestern University Medical School, Chicago Medical College. Dr. Murphy has been appointed surgeon-in-chief of Mercy Hospital, with the direction of the surgical teaching in that hospital. He will give two clinics each week at the hospital. The hospital now contains 260 beds with abundance of clinical material. A new amphitheatre, with a seating capacity of 300, is in progress of construction.

Dr. Archibald Church has been recently appointed professor of Nervous and Mental Diseases in Northwestern University Medical School, Chicago Medical College, and head of the Neurological Department.

JAUNDICE IN THE NEWLY BORN.

Musser uses the following treatment in mild jaundice: The bowels must be opened by a mild laxative, such as calomel or grey powder, in minute doses, or a few grains of calcined magnesia; the kidneys should be kept active by nitre of potassium well diluted; the child should be aroused to be fed, and the effects of the jaundice upon the nerve centres should be carefully watched:

℞ Ammonii chloridi gr. i
Syrupi acaciæ oz ½
M. Sig.—Teaspoonful every two hours.